



# Application for Employment Town of Troutman

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**\*\*\* PLEASE PRINT \*\*\***

Position(s) Applied for:		Date of Application: / /	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Email Address:		DOB (MM/DD/YYYY) - -	
Physical Street Address:		State:	Zip Code:
Mailing Address (if different):		State:	Zip Code:
Telephone Number(s) Home - - - - - Cell - - - - -		Social Security Number: - - -	

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No

If Yes, state name, relationship and location. \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer.  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(Proof of citizenship or immigration status will be required upon employment.)  Yes  No

Available to Work:  Full-time    Indicate shift(s) available  1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>  
 Part-time    Indicate shift(s) available  Morning     Afternoon     Evenings  
 Temporary    Indicate dates available: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you able to successfully complete a background check?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



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## EDUCATION HIGH SCHOOL

NAME:	YEARS ATTENDEDED:	COURSE OF STUDY:		
ADDRESS:		CITY:	STATE:	ZIP CODE:
DIPLOMA/DEGREE:	COMPLETED/GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No			

## UNDERGRADUATE COLLEGE

NAME:	YEARS ATTENDEDED:	COURSE OF STUDY:		
ADDRESS:		CITY:	STATE:	ZIP CODE:
DIPLOMA/DEGREE:	COMPLETED/GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No			

## GRADUATE/PROFESSIONAL

NAME:	YEARS ATTENDEDED:	COURSE OF STUDY:		
ADDRESS:		CITY:	STATE:	ZIP CODE:
DIPLOMA/DEGREE:	COMPLETED/GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No			

IF A MILITARY VETERAN, DID YOU RECEIVE AN HONORABLE DISCHARGE UPON SEPARATION?  Yes  No  N/A

(OPTIONAL) DESCRIBE ANY MILITARY TRAINING/EXPERIENCE THAT DIRECTY RELATES TO THE POSITION APPLIED FOR:

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## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

DATES EMPLOYED: From ___/___/___ To ___/___/___		EMPLOYER:		
WORK PERFORMED:				
ADDRESS:		CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER(S)		<input type="checkbox"/> HOURLY OR <input type="checkbox"/> SALARY	STARTING PAY RATE _____ FINAL PAY RATE _____	
REASON FOR LEAVING:	STARTING/PRESENT JOB TITLE:			
SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DATES EMPLOYED: From ___/___/___ To ___/___/___		EMPLOYER:		
WORK PERFORMED:				
ADDRESS:		CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER(S)		<input type="checkbox"/> HOURLY OR <input type="checkbox"/> SALARY	STARTING PAY RATE _____ FINAL PAY RATE _____	
REASON FOR LEAVING:	STARTING/PRESENT JOB TITLE:			
SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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DATES EMPLOYED: From ___/___/___ To ___/___/___		EMPLOYER:	
WORK PERFORMED:			
ADDRESS:		CITY:	STATE: ZIP CODE:
TELEPHONE NUMBER(S)		<input type="checkbox"/> HOURLY OR <input type="checkbox"/> SALARY	STARTING PAY RATE _____ FINAL PAY RATE _____
REASON FOR LEAVING:		STARTING/PRESENT JOB TITLE:	
SUPERVISOR:		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT: \_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:

\_\_\_\_\_

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

\_\_\_\_\_

### ADDITIONAL INFORMATION

OTHER QUALIFICATIONS: *Please summarize special job-related skills and qualification acquired from employment or other experience*

### SPECIALIZED SKILLS (Skills/Equipment Operated)

TERMINAL    SPREADSHEET    PC/MAC    WORD PROCESSING    TYPEWRITER:   WPM    SHORTHAND:   WPM

MACHINERY (LIST)   \_\_\_\_\_   OTHER (LIST)   \_\_\_\_\_

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

\_\_\_\_\_

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.    Yes    No

### PERSONAL/PROFESSIONAL REFERENCE *Do not include family members or past supervisors*

NAME	CONTACT NUMBER	BEST TIME TO CALL	OCCUPATION
1	- -	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
2	- -	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
3	- -	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law. Any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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400 North Eastway Drive ■ Post Office Box 26 ■ Troutman North Carolina 28166  
Phone: 704.528.7600 ■ www.townoftroutman.org ■ Fax: 704.528.7605